



LAWRENCE E. LONG
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION

DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
1302 E. HIGHWAY 14 - Suite 5
PIERRE, SOUTH DAKOTA 57501-8505

CANINE TEAM
CERTIFICATION APPLICATION
Must Be Renewed Annually

SECTION I – APPLICANT

Application Type: ☐ New ☐ Renewal ☐ Canine Team Change ☐ Patrol ☐ Narcotics Detection ☐ Explosive Detection

Handler Name (Last)	(First)	(MI)	Male ()	Female ()
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Employing Agency:

Employing Agency Address: STREET OR RFD / CITY OR POST OFFICE / STATE ZIP CODE

Contact Telephone Telephone _____	Contact Fax No. _____ E-mail _____
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Date of Birth (month, day, year) _____	12. Social Security Number _____	8. South Dakota <u>Basic Officer</u> Certification Date _____
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Canine Name	Canine Identification Number	Breed	Color / Marks
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SECTION II – TRAINING

(Section II - Training does not need to be completed for Renewal Application)

Name of training school or agency delivering training	Dates Attended		Date of Completed Training (mo, date, yr)	Instructor's Name
	From	To		

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant

Date

Agency Head's Signature/Designee

Date

JB _____ SC _____ KK _____

For Law Enforcement Training Use Only

Canine Tm Apl 06/05